CAMEO CARE CENTER

5790	S	27TH	ST	

MILWAUKEE 53221	Phone: (414) 282-1300		Ownership:	Corporation
Operated from 1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and St	affed (12/31/04):	107	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity	(12/31/04):	112	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31	1/04:	94	Average Daily Census:	100

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No No	   Primary Diagnosis 	%	Age Groups	%	   Less Than 1 Year   1 - 4 Years	35.1 48.9
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	   Under 65	12.8	1 - 4 Years   More Than 4 Years	48.9 16.0
Day Services	No	Mental Illness (Org./Psy)	27.7	65 - 74	11.7		
Respite Care	No	Mental Illness (Other)	23.4	75 - 84	44.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	24.5	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.3	95 & Over	6.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.1			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.4		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	18.1	65 & Over	87.2		
Transportation	No	Cerebrovascular	4.3			RNs	8.6
Referral Service	No	Diabetes	4.3	Gender	%	LPNs	12.1
Other Services	No	Respiratory	8.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	1.1	Male	25.5	Aides, & Orderlies	38.8
Mentally Ill	No			Female	74.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	2		Family Care		]	Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 7	11.1	153	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	7.4
Skilled Care	15	100.0	253	55	87.3	131	0	0.0	0	9	100.0	180	6	100.0	119	1	100.0	253	86	91.5
Intermediate				1	1.6	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		63	100.0		0	0.0		9	100.0		6	100.0		1	100.0		94	100.0

CAMEO CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					% Needing		Total
			0		_	0	
Percent Admissions from:		Activities of	8 -		sistance of		Number of
Private Home/No Home Health	1.5	Daily Living (ADL)	Independent	One	Or Two Staff	- L	Residents
Private Home/With Home Health	0.0	Bathing	0.0		52.1	47.9	94
Other Nursing Homes	4.4	Dressing	4.3		55.3	40.4	94
Acute Care Hospitals	91.2	Transferring	23.4		50.0	26.6	94
Psych. HospMR/DD Facilities	2.0	Toilet Use	18.1		41.5	40.4	94
Rehabilitation Hospitals	0.0	Eating	60.6		21.3	18.1	94
Other Locations	1.0	******	******	*****	******	******	*****
Total Number of Admissions	205	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	11.7	Receiving Resp	iratory Care	6.4
Private Home/No Home Health	6.2	Occ/Freq. Incontine	nt of Bladder	60.6	Receiving Trac	heostomy Care	1.1
Private Home/With Home Health	4.8	Occ/Freq. Incontine	nt of Bowel	46.8	Receiving Suct	ioning	2.1
Other Nursing Homes	1.0				Receiving Osto	my Care	6.4
Acute Care Hospitals	69.0	Mobility			Receiving Tube	Feeding	6.4
Psych. HospMR/DD Facilities	1.4	Physically Restrain	ed	0.0	Receiving Mech	anically Altered Diets	35.1
Rehabilitation Hospitals	0.5	į -				-	
Other Locations	3.8	Skin Care			Other Resident C	haracteristics	
Deaths	13.3	With Pressure Sores		10.6	Have Advance D	irectives	84.0
Total Number of Discharges		With Rashes		7.4	Medications		
(Including Deaths)	210				Receiving Psyc	hoactive Drugs	71.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	૪	%	Ratio	%	Ratio	%	Ratio	ે	Ratio
Occurrence Pates Assessed Pails General/Timered Pada	0.0 3	06.4	1.03	06.5	1.03	87.3	1.02	0.0	1.01
Occupancy Rate: Average Daily Census/Licensed Beds	89.3	86.4		86.5				88.8	
Current Residents from In-County	92.6	85.0	1.09	87.0	1.06	85.8	1.08	77.4	1.20
Admissions from In-County, Still Residing	15.1	18.1	0.84	18.9	0.80	20.1	0.75	19.4	0.78
Admissions/Average Daily Census	205.0	199.9	1.03	188.2	1.09	173.5	1.18	146.5	1.40
Discharges/Average Daily Census	210.0	201.1	1.04	190.4	1.10	174.4	1.20	148.0	1.42
Discharges To Private Residence/Average Daily Census	23.0	83.1	0.28	77.5	0.30	70.3	0.33	66.9	0.34
Residents Receiving Skilled Care	98.9	95.8	1.03	95.9	1.03	95.8	1.03	89.9	1.10
Residents Aged 65 and Older	87.2	84.4	1.03	90.5	0.96	90.7	0.96	87.9	0.99
Title 19 (Medicaid) Funded Residents	67.0	61.2	1.09	56.3	1.19	56.7	1.18	66.1	1.01
Private Pay Funded Residents	9.6	13.7	0.70	22.2	0.43	23.3	0.41	20.6	0.47
Developmentally Disabled Residents	1.1	1.2	0.90	1.1	0.96	0.9	1.22	6.0	0.18
Mentally Ill Residents	51.1	30.0	1.70	29.0	1.76	32.5	1.57	33.6	1.52
General Medical Service Residents	1.1	23.2	0.05	25.4	0.04	24.0	0.04	21.1	0.05
Impaired ADL (Mean)	57.0	52.9	1.08	52.6	1.08	51.7	1.10	49.4	1.15
Psychological Problems	71.3	51.7	1.38	55.4	1.29	56.2	1.27	57.7	1.24
Nursing Care Required (Mean)	9.4	8.4	1.12	7.7	1.23	7.7	1.22	7.4	1.27